

# Nutrition and WIC Update

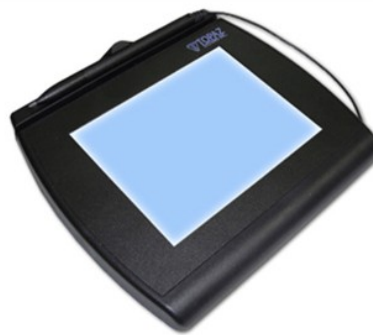
## *New KWIC Feature—Electronic Signature Pads*

*Sandi Fry, Program Analyst*

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A new feature coming with the upgraded KWIC system is Electronic Signature pads. There are several times during a certification that a client or caregiver's signature is required. Currently, Local Agencies have the client/caregiver sign the Rights and Responsibilities form, check stubs and other documents and then file the paperwork away. If the document is needed again, staff may have to leave their workspace to go to a storage area or order the document from off-site storage. Capturing electronic signatures from clients/caregivers gives staff the ability to retrieve a signed Rights and Responsibilities form through KWIC and print it out.

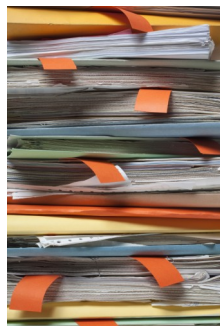


Currently, Local Agencies have the client/caregiver sign the Rights and Responsibilities form, check stubs and other documents and then file the paperwork away. If the document is needed again, staff may have to leave their workspace to go to a storage area or order the document from off-site storage. Capturing electronic signatures from clients/caregivers gives staff the ability to retrieve a signed Rights and Responsibilities form through KWIC and print it out.

This is done the same way a document is attached to an email, the system will attach the electronically signed form to the client's KWIC record. Staff will be able to retrieve documents and check stubs that were signed electronically from KWIC. If a client/caregiver's signature is not able to be captured electronically, clinic staff will be able to indicate in KWIC that a manual signature was obtained on the document.

The documents that will be signed electronically include:

- Check Stubs
- Rights and Responsibilities Form
- Self-Declaration of Income Form (includes zero income)
- Breastpump Agreement Form



## *New Mexico WIC Gestational Diabetes Mellitus Initiative*

*Jeanne Ritter, RD, LD, Reno County Health Department*

I attended the National WIC Association 2012 Annual Education and Networking Conference in May. This is a summary of the New Mexico WIC Gestational Diabetes Mellitus (GDM) Initiative presented by Diana Clokey.

New Mexico developed an innovative program to prevent gestational diabetes and obesity.

Gestational diabetes and obesity are a concern due to:

- 39% of women are obese
- 90% of women with gestational diabetes are obese
- 31% of obese women develop diabetes
- 50-60% of the women with gestational diabetes develop type 2 diabetes in five to ten years
- National average of gestational diabetes is 7%

She discussed adverse effects on the baby if the mother has diabetes which included:

- Blood becomes “like syrup” and cannot carry oxygen
- Fetuses may have enlarged hearts, enlarged livers, enlarged kidneys and the “set up” for type 2 diabetes and obesity in the future
- Large babies cannot fit their large shoulders through the mother’s pelvis at birth, so the shoulder may be dislocated during delivery
- Glucose interferes with surfactant production, so increased likelihood of infant born with respiratory distress syndrome

Their project found that one in five women in the first trimester who were high risk had abnormal glucose test results. Risk factors included:

- Maternal age  $\geq 35$
- Overweight or obese
- Race/ethnicity (Hispanic, Native American or African American)
- First degree relative family history
- History of abnormal blood glucose
- History of poor obstetrical outcome
- History of large baby  $\geq 9$  pounds
- Polycystic ovary syndrome



The New Mexico project has a toolkit, information and handouts on WIC Works at:

[http://www.nal.usda.gov/wicworks/Sharing\\_Center/gallery/gestationaldiabetestools.htm](http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/gestationaldiabetestools.htm)

This toolkit includes excellent handouts on risk factors and action plan suggestions, walking for physical activity, information on carbohydrate foods and hemoglobin A1c in English and Spanish. One revision for the “My Risk for Developing Gestational Diabetes (GDM) Assessment Card” is to change “weight” to “prepregnancy weight.”

## *Keeping An Eye on WIC Program Integrity*

*Pamela Combes, BSE, CBE*

### **What can the Local Agency do?**

- Ensure WIC Program dollars are provided only to eligible families.
- Investigate allegations of fraud/abuse by WIC participants, WIC local agency staff, WIC authorized vendors and State WIC staff.
- Increase community awareness of WIC Program fraud/abuse.
- Provide outreach about the WIC Program to organizations, other health entities, schools and businesses.
- Assume a highly visible and proactive role in preventing and detecting WIC Program fraud/abuse.
- Empower clients to follow WIC rules by providing proper education.



### **What information is needed before initiating an investigation?**

- **Who is involved in the activity?**

If it is a participant, Local Agency employee or State WIC employee, what is their name?

If it is a WIC authorized vendor, what is the name of the owner (if known), and the name and location of the business?

Is there anyone else who is aware of this activity?

How can we contact this individual or individuals?

How do you feel the person or vendor would benefit by this action?

Are there others who may also benefit in some way from this action? How are they involved?

- **What did the person or vendor do that you feel was inappropriate?**

Do you have any documents that would help support your concern?

Where can we obtain these documents?

- **Where did the activity in question occur?**

Do you have the specific address or location other than what was provided above?

- **When did the activity occur?**

Try to recall the date and time of day the activity occurred. Is it an ongoing activity or did it only happen a few times?

- **How was the activity done?**

Do you have any ideas about how the person or vendor may have been able to carry out this activity?

Is the person or grocer receiving help from anyone else?

Can you identify the person or persons?



***If the information is perceived as credible, the details must be documented in KWIC.***

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### *Keeping An Eye on WIC Program Integrity, continued*

#### **What can the State do if we substantiate improper activities?**

- Seek restitution for any WIC benefits or monies received as a result of WIC program fraud/abuse.
- Impose a punishment that may result in Suspension from the WIC program.
- Make referrals to other public programs when appropriate for investigation and/or possible criminal prosecution under state and federal law.
- Pursue disciplinary action and/or termination from State employment.



***Actions taken to reduce losses resulting from fraudulent activities will make resources available to serve more eligible people. – GAO/RCED-99-224 WIC Fraud and Abuse***

### *Consider Cost Containment*

*Martha Hagen, MS, RD, LD, IBCLC*

Kansas WIC paid grocery stores across Kansas \$49 Million in 2011 for food. There are several ways you can help your clients save the program money.

- Store brands cost less and are just as good as a major brand. Store brand All Natural Cheese is made to the same standards as national brands, so basically they are the same. Be positive about suggesting your clients buy store brands.
- It is ok to tailor foods a client will not use off their food package. If your client does not eat eggs, take eggs off their food package.
- Tell clients they do not have to buy all the foods on their checks if they cannot use the food. We've all talked to the client who asks how to use up the 20 cans of beans or the 10 boxes of infant cereal they have on their shelf. Cashiers always remind clients if they don't pick up an item on their check – educate your stores to also be aware clients don't have to get all of the foods on their check.
- Skip the cheese. Many of you ask clients if they want a pound of cheese. It is ok to wait for the client to ask for cheese rather than asking the client if they want cheese. Cheese is an expensive food item, high in fat (remember Mooove to Low Fat Milk), and results in a “dangling” quart of milk, which is another expensive food item.
- Let clients know that dried beans are available as a choice and provide recipes. A pound of dried beans is about one fourth the price of four cans of beans. Clients can also get split peas and lentils, which are not available canned.



Educate your clients how to get more fruits and vegetables for their money - “more bang for their buck.” Talk about buying in season, how to cut up a pineapple rather than buying an already peeled and sliced one, how to wash and store lettuce rather than buying bagged types, etc.

## *Report From Your National WIC Association Representative*

*Nancy Sanchez, RD, LD, WIC Coordinator, Wyandotte County; KS LA Rep, Mountain Plains Region Rep*

The LA section's operational procedures were approved at the annual business meeting which was held in May at the national conference in Denver. Passing the procedures allowed us to create committees within our section.

Five committees will be established: Breastfeeding, Client Services, Outreach and Marketing, Policies and Legislative Issues, and Nutrition Education. We are starting with developing three of these: Breastfeeding, Nutrition Education, and Client Services. To start, two people will represent each USDA region, one person for a one year term, and the other person will have a two year term. After that, all committee members will serve a two year term. Committee applications will be sent to all local agency NWA members with instructions and job descriptions.

## *Back to Basics and Up to Speed With Nutrition*

*Kathy Summers, RD, LD, Shawnee County Health Agency*

I would like to thank the state WIC staff for giving me the opportunity to attend the National WIC Association Conference in Denver. This was my first time to attend the national conference and I enjoyed the opportunity to learn about new nutrition ideas, technology, breastfeeding support, and to network with other WIC personnel from other states. I encourage everyone to think about attending a national WIC conference in the future, especially those who have been in WIC many years and never attended before. I would also like to thank my Shawnee County WIC co-workers who stayed home to work the clinic and continued to provide services while Donna Wiens and I attended the conference.



In Back to Basics and Up to Speed with Nutrition, Cathy Breedon, PhD, RD, spoke on the various nutrients that many people are low in and that the WIC food package can help improve in our client's diet. **Eggs** are good sources of **biotin and choline** which are two nutrients that women are low in during pregnancy. **Vitamin E** helps as an antioxidant and is found in fruits and vegetables. Eat all the brightly colored **vegetables and fruits** that you can get your hands on.

**Whole grains** contribute the most **magnesium, chromium, vitamin E**, fiber and many other nutrients. Magnesium and chromium have important roles in preventing diabetes. Inadequacy contributes to weight problems, diabetes, heart disease and some neurologic problems that are too common in our society. Adequate chromium intake is also associated with some other heart disease risk factors like helping prevent high triglycerides in the blood. Nuts, seeds, **peanuts and dried beans/peas** are also terrific sources of these nutrients, like whole grains.

**Milk** provides **vitamin D** but not enough for the daily needs of most people. Two thirds of Americans are vitamin D deficient. When children complain of growing pains, they are in need of vitamin D. A vitamin supplement with vitamin D is recommended for the average American today.

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### *Back to Basics and Up to Speed With Nutrition, continued*

**Folic acid** is added to enriched foods such as cereal but may be low in people with some stomach issues such as acid reflux. For example, some people take “proton pump inhibitor” medications (strong blockers of stomach acid production for heartburn or “gastro-esophageal reflux”). They can be unable to obtain folic acid or vitamin B12 from normal food sources because the process requires the presence of acid in the stomach. However, they CAN absorb the folic acid and vitamin B12 in the vitamin pill form. The diabetes medication Metformin also can have a negative effect on vitamin B12 status.

Dark leafy veggies are terrific sources of **vitamin K**, a nutrient just now being recognized as critical to decrease risk of osteoporosis, diabetes, cardiovascular disease, kidney calcification, arthritis and liver and colon cancer. Vitamin K is essential in blood clotting and in the past has been thought to be provided through intestinal bacteria. It is now known that intestinal bacteria is a much less reliable source and we are more dependent on oral intake than previously thought. Most supplements do not have vitamin K.



**Iodine** deficiency is the number one cause of preventable mental retardation in the world. Iodine deficiency can also result in deafness and a serious lack of energy in anyone affected because it impairs the function of the thyroid gland. Many people are unaware that they should select “iodized salt”. The packaging is often very similar and they are side-by-side on the shelf at the store.

Most specialty salts that are popular now, like sea salt or exotic salts, are also not iodized. Additionally, we frequently are advised to cut back on salt for other health reasons, which can further limit iodine intake. The choice of salt as the way to supplement iodine was made well before ideas of sodium restriction were common for health reasons. Actually, most of our sodium intake is not from salting foods at the table but from the high sodium content of many processed foods, which is not iodized.

### *Electronic Benefits Transfer (EBT) is on the Distant Horizon*

*Lisa Moritz, RN, Greeley County Health Department*

I attended the 2012 National WIC Conference in Denver, Colorado. I applied for a special funding authorization from the State WIC Agency in order to attend the conference. Without their assistance, attending the conference would not have been possible. When I saw the National WIC Conference was going to be so close to Tribune, I figured this would be the only opportunity I would have to attend. Denver is only a four hour drive from Tribune, compared to the five hours it takes to drive to meetings/conferences in Wichita or the seven hours to Topeka.

I was completely blown away by the conference! It was one of the best conferences I've had the fortune of attending—the breakout sessions were fresh and exciting, and there were so many vendors/exhibitors, it was like Christmas!

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*Electronic Benefits Transfer (EBT) is on the Distant Horizon, continued*

The most exciting breakout session for me was about WIC changing from paper checks to EBT (Electronic Benefit Transfer), which is similar to a debit card and is a requirement for all states by October 2020. Representatives from Wyoming, Texas, and Kentucky discussed how EBT changed the way WIC services were delivered in their states.

EBT makes shopping for WIC clients faster and more discreet and confidential—they do not have to separate their grocery carts for items on their WIC lists, and all the items they purchase at the store visit are processed in one transaction, making it much faster and convenient. The EBT card uses the same PIN pad as other credit cards and makes it much less obvious than paper checks. Transactions are secure—each family/household has one EBT card with a PIN number selected by the client. They are discouraged from sharing their PIN number with anyone. WIC clients are able to print out a receipt of benefits prior to going shopping at the store. After they check out, another receipt is printed with their remaining benefits. It allows the clients an unrestricted amount of trips to the store by allowing them to buy what they want to buy, when they want to buy it—if they only needed one gallon of milk, they would be able to purchase a single gallon and have access to the remaining benefits at a later time. By shopping for items as they need them, it helps solve storage or transportation issues for the client.



For vendors, EBT decreases the number of cashier errors and the need for intensive training. By using the EBT, only authorized foods are purchased. With participants able to make multiple trips to the store, vendors see increased sales, and since it is a single transaction for all items purchased, WIC participants may purchase other items on their shopping lists. There is a decrease in paperwork by eliminating paper food instruments and claims are settled in a secure and timely manner.

Benefits to the SA and LA are a decrease in fraud opportunities, allows for accurate formula rebate billing, increased accountability, enables reports on EBT activity to improve administration efficiencies, allows for timely and accurate claims, streamlines clinic operations and allows more time for nutrition education. LA staff must learn to diagnose card problems, such as “my card doesn’t work”, which may be the result of a scratch on the card or the client simply does not have any benefits remaining. EBT card stock must be kept in a safe and secure location, just as the paper check stock must be, but the cards take up much less storage space!

For local agencies, like the Greeley County Health Department, which has such limited storage space in its clinic, the EBT system requires only a card reader (some are the size of an iPhone!) and the credit-card sized cards rather than a large printer, plus an extra toner and box of check stock that must be stored.

An environmental benefit of the EBT card is that the same card may be used over and over by the family for YEARS, thereby reducing paper checks and waste. Food lists can be downloaded onto a smart phone and participants can scan the bar code of an item to see if it is an allowable purchase. This makes updating the food list easier for the SA, and can be updated more frequently.

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*Electronic Benefits Transfer (EBT) is on the Distant Horizon, continued*



Wyoming first began using EBT in the early 1990s. The representatives at NWA emphasized the need for testing at the SA level before rolling out to the LA and training for LA and WIC participants. They also encouraged allowing lots of time in the schedule during the first few days of implementing EBT.

Texas began an EBT pilot program in 2004. The SA maintains the EBT system and benefits are available to the WIC client on the 1<sup>st</sup> day of the month. Food packages may be prorated for the month—if client came in on 5<sup>th</sup> of month they may receive less formula than if they had reloaded their EBT the 1<sup>st</sup> of the month, or if client came in on the 16<sup>th</sup> of the month, they would receive ½ food package. As an offline system, if a client lost their EBT card, their benefits must be verified and there may be a six business day wait for a replacement card.

Kentucky has an online EBT system, and the online account is accessible by card. Kentucky's system is secure for lost/stolen cards and lost/stolen cards may be immediately replaced. Participants must be educated that the EBT cards are not gift cards and are not reissued at every visit.

The differences in online versus offline EBT systems are:

**Online**

Readily Accessible

-If card stolen, may be immediately replaced

1 card per family household, card stays w/child

**Offline**

EBT card has a chip on it

-takes 5-6 business days to replace

-foster family w/multiple kids = multiple cards

It is the SA decision as to whether benefits are available on the calendar month (beginning June 1<sup>st</sup>) or on a rolling month (May 20<sup>th</sup> to June 20<sup>th</sup>). It was mentioned that vendors prefer a rolling month because SNAP issues benefits on the 1<sup>st</sup> of the month.

A national UPC database is in the works—they are currently working with a contractor.

There were vendors at the conference who offered kiosks that could be put into stores where clients could swipe their EBT cards and print off a pre-shopping receipt of the benefits they have to use. The same kiosks could be used inside of WIC clinics for nutrition education, self-check in for clients, and possibly reloading their EBT benefits.

While I'm not sure where Kansas WIC is in the EBT planning process, it was very exciting to hear about the future developments in WIC!!!!

Note from the State Agency: Several SA staff members have been gathering information on WIC EBT and the first step towards implementation was the change to .Net. All WIC programs are mandated by USDA to have EBT in place by 2020. Kansas must coordinate their EBT plan with the other two agencies in their three state consortium, New Hampshire and Inter Tribal Council of Arizona, so a date for Kansas WIC EBT has yet to be determined.

## *Tapping Into the Power of Influence: A Summary*

*Donna Weins, RD, LD, Shawnee County Health Agency*

Tapping into the Power of Influence: How to be a more effective behavior change agent, was just one of the very thought-provoking sessions at the National WIC Association's Annual Conference in Denver, Colorado in May. The speakers shared how they were able to empower staff to make 'Small changes for big influence'.

They encouraged us to earn the trust of our clients by building authentic relationships. Spend time knee to knee, listening more (our clients should be talking at least 50% of the time!). Some other worthy tips: Praise mom for doing things right; show more appreciation, give fewer directives; allow moms to identify concerns and solutions.

They recommended—eliminating signs that are negative/judgmental, i.e. NO FOOD OR DRINK, NO CELL PHONES, etc. Greet/welcome clients where they are in the waiting room. The speakers shared 'before' and 'after' videotaping of parallel counseling sessions. Staff was excited about the changes that led to enhanced job satisfaction.



This is just one of the sessions that encouraged me to work at making our clinic friendlier and a more emotionally engaging place to come. I appreciated the opportunity to meet people from Kansas as well as from other states involved with WIC, brainstorming ideas, and networking with other WIC professionals. So plan to attend next year!

## *Begin Early: Water With Meals May Encourage Wiser Choices*

*Adapted from May 14, 2012 article in Science Daily*

Water could change the way we eat. That's the conclusion of new research by T. Bettina Cornwell of the University of Oregon (UO) and Anna R. McAlister of Michigan State University. Their findings appear in the journal *Appetite*.

This paper featured separate studies. One involved a survey of 60 young U.S. adults (ages 19-23) about the role of food-and-drink pairings. The second involved experiments with 75 U.S. children (ages 3-5) to determine the role of drinks and vegetable consumption. The same preschoolers were tested on different days under differing scenarios involving drinks served with vegetables.



Older participants favored the combination of soda served with salty, calorie-dense foods rather than soda and vegetables. Preschoolers ate more raw vegetables, either carrots or red peppers, when accompanied with water rather than when accompanied by a sweetened beverage.

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*Begin Early: Water With Meals May Encourage Wiser Choices, continued*

"Our taste preferences are heavily influenced by repeated exposure to particular foods and drinks," said Cornwell, the Edwin E. & June Woldt Cone Professor of Marketing in the Lundquist College of Business at the UO. "This begins early through exposure to meals served at home and by meal combinations offered by many restaurants. Our simple recommendation is to serve water with all meals. Restaurants easily could use water as their default drink in kids' meal combos and charge extra for other drink alternatives."

Serving water, McAlister said, could be a simple and effective dietary change to help address the nation's growing obesity problem, which has seen increasing numbers of diabetes cases in young adults and a rise in health-care costs in general. Drinking water with meals, Cornwell said, also would reduce dehydration. While estimates of dehydration vary by sources, many estimates suggest that 75 percent of adult Americans are chronically dehydrated.

From an early age, Cornwell said, children learn to associate sweet, high-calorie drinks such as colas with salty and fatty high-calorie-containing foods like French fries.

"While this combining seems as normal as rainfall in Northwest winters, when we look cross-culturally we can see that food-and-drink combinations are developed preferences," she said. "If the drink on the table sets the odds against both adults and children eating their vegetables, then perhaps it is time to change that drink, and replace it with water."

In January 2011, Cornwell and McAlister reported in another article that a child's taste preferences for salt, sugar and fat are related to their knowledge of fast food and soda brands.

These studies suggest that early palate development may influence choices later in life, McAlister said. "From a policy perspective, this means that we need focus on early preference formation."

"This important research has broad ramifications for how foods are marketed and served," said Kimberly Andrews Espy, vice president for research and innovation at the UO. "Addressing the early contributors of unhealthy eating that contribute to obesity is important for our general well-being as a nation and, especially, for improving the nutritional choices our children will make over their lifetimes."



## *Local Agency News*

### **We welcome these new WIC employees:**

Ft. Riley, Paradise Thompson, Clerk  
Greeley County, Norma Doerksen, RD  
Johnson County, Sendy Romero, Clerk  
Johnson County, Vanessa Salazar, Clerk  
Leavenworth County, Amy Hersh, Clerk  
Leavenworth County, Jody Hammerschmidt, RD  
Meade County, Sharletan Ingram, BFPC  
Osborne County, Julie Haden, Clerk  
Sedgwick County, Megan Fogarty, RD

Sedgwick County, Sara Horsch, RD  
Sedgwick County, Kathrine Ruyle, RD  
Seward County, Linda Milhon, Clerk  
SW Kansas WIC, Lisa Rowan, RN  
Sumner County, Susan Wilson, Clerk  
Sumner County, Kelly Lacey, Clerk  
Wyandotte County, John Calvert, Clerk  
Wyandotte County, Ashley Hart, Dietitian

### **Congratulations to:**

Leah Heinen, RD, Atchison, Brown, Jackson and Nemaha Counties, on the birth of her son  
Cathy Benco Jones, RD, Ft. Riley, on her recent marriage  
Robyn Mast King, RN, Harvey County, on her recent marriage  
Alice Greig, Clerk, Osborne County, on her retirement  
Lana Green, RN, Russell County, on her retirement  
Kris Ellis, Clerk, Sumner County, on her retirement

### **We say goodbye to these WIC friends:**

Ft. Riley, Lori Hartman, Clerk  
Ft. Riley, Jayce Knight, Clerk  
Ft. Riley, Zoe Rohr, RD  
Harper County, Rozanne Grant, RN  
Meade County, Laressa Friesen, BFPC

Meade County, Patti Leach, RN  
Sedgwick County, Briann Miller, RD  
SW Kansas WIC, Jody Hammerschmidt, RD  
Seward County, Dana Littau, Clerk  
Sumner County, Angela Ramirez, Clerk



Growing healthy Kansas families



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